Youth Care Clubs: Optimising clinic time, fostering peer support, improving adherence

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Why young people need differentiated care

- Psychological, physical, and social changes during adolescence present challenges to ART adherence

- Adolescents need continuity of care and assistance with linking to care, and preventing loss to follow up

→ Need for services that address the unique needs that adolescents face regarding HIV treatment and care

1. Hornschuh et al., 2016
“There is no privacy at the clinic everyone sees you and there is too much judgement from the staff.”
–youth ART patient

“I can wait more than 4 hours at the clinic. I have to remind the nurse sometimes to take my viral load and creatinine, and they don’t even ask me how I’m feeling.”
–youth ART patient
What Are Youth Care Clubs (YCCs)?

- Innovative **group-based HIV management approach**
- **A differentiated** Adolescent and Youth Friendly Service (AYFS) care package for adolescents and youth living with HIV
- Provides **integrated psychosocial and clinical care**
- To improve **adherence and retention** in care of adolescents and youth living with HIV (ALHIV)
<table>
<thead>
<tr>
<th>Adult Adherence Clubs</th>
<th>VS</th>
<th>Youth Care Clubs</th>
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<tbody>
<tr>
<td>For 30 stable adult patients only, with VLs suppressed for at least 6 months</td>
<td>For 15-20 newly initiated, with VLs suppressed and with VLs not suppressed AYLHIV (12-24 years)</td>
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<td>Held every 2-3 months</td>
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<td>Held monthly for the first 12 months, thereafter YCC members choose to continue meeting monthly or every 2 months</td>
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<td>Repeat ART supply provided by club counsellor in the club room to all members</td>
<td></td>
<td>Repeat ART supply provided by:</td>
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<td>YCC counsellor to members with VLs suppressed on ART for &gt;6 months in the club room</td>
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<td>YCC clinician to members newly initiated and with VLs not suppressed during their clinical consultation after the club</td>
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<tr>
<td>Facilitated by a counsellor, no planned discussion</td>
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<td>Interactive, youth-focused discussion (integrating the I ACT for Adolescents curriculum) facilitated by YCC counsellor</td>
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The Building Blocks of YCCs

**When**
Meet *monthly* for the first 12 months, thereafter YCC members can choose every 2 months.

**Where**
- HIV clinic/Hospital
- Primary Care clinic
- Safe space near the clinic e.g. school, church, community hall

**Who**
Facilitated by Counsellor/Health Promoter/Peer Educator
NIMART trained nurse or clinician
Patients: Suppressed VL or not

**What**
- Screening for TB, STIs, HIV symptoms, Contraception use, poor Nutrition and Psychosocial well-being
- Interactive youth-focussed discussion
- ART refill
- Clinical consultation
What happens during a YCC visit?

1. Screening
2. Interactive discussion
3. Get pre-packed medication
3. Visit the nurse
• The YCC model offers smooth transition into adult care

• As YCC members age together in one group, they can naturally transition into an adult ART adherence club.

*Group-transition minimises the disruption and emotional difficulty that many young people face when having to exit paediatric and youth care to join adult care.*
Programme Outcomes

- 40 YCCs in 23 facilities
- 787 patients ever in YCCs
  - 606 (77%) retained in YCCs
- 33% male, 67% female
- Median age
- 86% viral load suppression among patients with available results in YCC >12 months
  - 30% eligible patients missing a new VL in past 12 months
- 25% Females accessed family planning through YCC
- 5% of patients screened positive for other needs
Time Analysis

Average total visit time per visit model

- YCC visit: 69 minutes
- AYFS 'fast track' visit: 89 minutes
- Standard of care visit: 240 minutes

Time spent engaged with peers and staff

75% of time spent in unengaged waiting
Lessons Learned

• YCCs could be a nationally-mandated **AYFS delivery model/intervention** for HIV positive adolescents and youth.
  • Offers true ‘one-stop shop’
  • Keep clubs in the clinic or in a safe space close to the clinic

• Employ **young people or staff with an interest** in working with young people.

• Incorporate what works well with youth; such as communicating via **WhatsApp and Facebook**, providing a healthy snack and allow for **social contact** outside the club visits.
YCC Tools Available

www.AIPBestPractices.com

- YCC Implementation Guide
- YCC Workbook
- YCC in-service slides
- YCC register and audit tool
- YCC How-to video
- Appointment Card
- Save-the-Date poster
- YCC SOP
In Conclusion

The YCC group model provides efficient, comprehensive, convenient care for AYLHIV:

• Improved adherence and retention in care
• Fosters supportive relationships
• Provides comprehensive care
• Can be applied in different contexts
• Optimise clinic time

www.AIPBestPractices.com